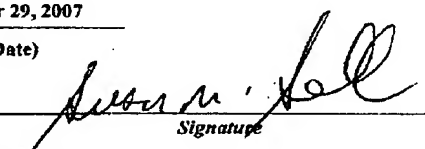
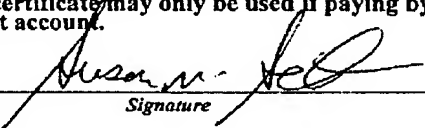


OCT 29 2007

TRANSMITTAL OF INFORMATION DISCLOSURE STATEMENT (Under 37 CFR 1.97(b) or 1.97(c))					Docket No. 4014-10-1	
In Re Application Of: Amir J. Tehrani						
Application No. 10/686,891	Filing Date 10/15/2003	Examiner Alyssa Alter	Customer No. 73885	Group Art Unit 3762	Confirmation No.	
Title: BREATHING DISORDER DETECTION AND THERAPY DELIVERY DEVICE						
<p style="text-align: center;">Address to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450</p> <p style="text-align: center;">37 CFR 1.97(b)</p> <p>1. <input type="checkbox"/> The Information Disclosure Statement submitted herewith is being filed within three months of the filing of a national application other than a continued prosecution application under 37 CFR 1.53(d); within three months of the date of entry of the national stage as set forth in 37 CFR 1.491 in an international application; before the mailing of a first Office Action on the merits, or before the mailing of a first Office Action after the filing of a request for continued examination under 37 CFR 1.114.</p> <p style="text-align: center;">37 CFR 1.97(c)</p> <p>2. <input checked="" type="checkbox"/> The Information Disclosure Statement submitted herewith is being filed after the period specified in 37 CFR 1.97(b), provided that the Information Disclosure Statement is filed before the mailing date of a Final Action under 37 CFR 1.113, a Notice of Allowance under 37 CFR 1.311, or an Action that otherwise closes prosecution in the application, and is accompanied by one of:</p> <p style="margin-left: 40px;"><input type="checkbox"/> the statement specified in 37 CFR 1.97(e);</p> <p style="text-align: center;">OR</p> <p style="margin-left: 40px;"><input checked="" type="checkbox"/> the fee set forth in 37 CFR 1.17(p).</p>						

P10A/REV05

OCT 29 2007

TRANSMITTAL OF INFORMATION DISCLOSURE STATEMENT (Under 37 CFR 1.97(b) or 1.97(c))					Docket No.	
In Re Application of: Amir J. Tehrani						
Application No.	Filing Date	Examiner	Customer No.	Group Art Unit	Confirmation No.	
10/686,891	10/15/2003	Alyssa Alter	73885	3762		
Title: BREATHING DISORDER DETECTION AND THERAPY DELIVERY DEVICE						
Payment of Fee (Only complete if Applicant elects to pay the fee set forth in 37 CFR 1.17(p))						
<input type="checkbox"/> A check in the amount of _____ is attached.						
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>50-4345</u> as described below.						
<input checked="" type="checkbox"/> Charge the amount of \$180.00						
<input checked="" type="checkbox"/> Credit any overpayment.						
<input checked="" type="checkbox"/> Charge any additional fee required.						
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.						
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
Certificate of Transmission by Facsimile*						
I certify that this document and authorization to charge deposit account is being facsimile transmitted to the United States Patent and Trademark Office (Fa						
October 29, 2007						
(Date)						
						
Signature						
Susan M. Schmitt						
Typed or Printed Name of Person Signing Certificate						
Certificate of Mailing by First Class Mail						
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on						
(Date)						
Signature of Person Mailing Correspondence						
Typed or Printed Name of Person Mailing Certificate						
*This certificate may only be used if paying by deposit account.						
						
Signature						
Dated: 10/29/07						
10/30/2007 PCHUMP 00000006 504345 10686891						
01 FC:1806 180.00 DA						
CC:						

P10A/REV06